DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Γ	MAR053284			001A-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2016			12/31/2016

DMR Mailing ZIP CODE: 02149

naming zin CODE. 021

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	٧G	C	DUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	330	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	16.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	402.9	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.7525	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	3150	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.236	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	370	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri fitzpatrick	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)70)2/02/2017	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The concentration of copper was corrected for the unit of measure utilized.

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MONITO	RING PERIOD	
MM/DD/YYYY]	MM/DD/YYYY
10/01/2016		12/31/2016

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	(DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1400	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	48.8	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	749	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.524	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7135	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.95	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	690	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAI	ME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	keri fitzpatrick	TELEP	HONE	DATE
		who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)2/02/2017	
	TYPED OR PRINTED	and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	03/31/2017			03/31/2017

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	32	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	2.24	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	9.34	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< .005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	197.6	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.1114	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	760	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)4/14/2017	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

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	PERMIT NUMBER	Ī	[DISCHARGE NUMBER
	MONIT	OF	RING	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	04/01/2017			06/30/2017

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	18	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.76	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	1.3	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.00134	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.09	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.05109	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	240	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)8/04/2017	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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l	MAR053284			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2017			09/30/2017

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6.9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0132	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= 1	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	<= .001	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	14.3	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.02858	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	630	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	10/12/2017	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

MAR053284		001-N1
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MONITO	2RI	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2017		12/31/2017

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	9.4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.22	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 4.8	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.00301	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	42.8	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.6185	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	270	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	12/26/2017	
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	03/31/2017	7	02/28/2018					

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Diacharea	

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Odor [Threshold Number]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00085 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	threshold #		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	9.7	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Nitrogen, ammonia, tot unionized [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.749	mg/L		Annual	Grab
00612 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .005	mg/L		Annual	Grab
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	****	****	<= .001	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.01344	mg/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .001	mg/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NODI A - not required to be monitored per EPA guidance.

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| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/31/2017 | 02/28/2018 |

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Dischange	-

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.132	mg/L		Annual	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= .001	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.01298	mg/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.0143	mg/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.2858	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Foaming agents	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01288 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Oil petroleum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
31667 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	TELEPHONE		
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)706-7003		10/12/2017	
TYPED OR PRINTED	and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NODI A - not required to be monitored per EPA guidance.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

02149

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

| MAR053284 | 001-IW |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/31/2017 | 02/28/2018 |

DMR Mailing ZIP CODE:

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI A				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2018			03/31/2018

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No	
Dischause	ш

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7.7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.159	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2.86	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	****	<= .001	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	54.3	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.1468	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	610	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Elevated COD results are due to the presence of elevated levels of chlorides in the sample which interfere with the laboratory analytical method.

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284		001-N1	
	PERMIT NUMBER		DISCHARGE NUI	MBER
	MONIT	OF	ING PERIOD	
	MM/DD/YYYY		MM/DD/YY	ΥΥ
	04/01/2018	╝	06/30/20	18

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.3	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.303	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.91	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0046	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	27	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.06024	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	700	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	TELEPHONE		
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Γ	MAR053284			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO			G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2018			09/30/2018

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	VG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7.2	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.155	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	3.21	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.00471	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	****	34.46	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.08189	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	120	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	une and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

	MAR053284			001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
[MONITORING PERIOD							
[MM/DD/YYYY			MM/DD/YYYY				
	10/01/2018			12/31/2018				

DMR Mailing ZIP CODE: 02149

......9 --- - - -

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	5.7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.076	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	3.86	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.00218	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	22.78	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.06509	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	330	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ине ана търгооттенсто, кномпу човатого.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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EVERETT, MA 02149

Γ	MAR053284	ſ		001-IW				
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	03/01/2018	7		02/28/2019				

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
-	

		QUAN	ITITY OR LOADIN	NG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Odor [Threshold Number]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI A				
00085 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	threshold #		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Nitrogen, ammonia, tot unionized [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.978	mg/L		Annual	Grab
00612 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .001	mg/L		Annual	Grab
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .0002	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.0012	mg/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.00321	mg/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	and improviment or vicening vicinions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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EVERETT, MA 02149

MAR053284 001-IW DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2019 03/01/2018

DMR Mailing ZIP CODE:

02149

MINOR

Impaired Water **External Outfall**

No	
Dischange	-

		QUAN	ITITY OR LOADII	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.155	mg/L		Annual	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.00471	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.00588	mg/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.03446	mg/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.08189	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Foaming agents	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01288 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Oil petroleum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
31667 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

| MAR053284 | 001-IW |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2018 | 02/28/2019 |

DMR Mailing ZIP CODE:

02149

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	79	MPN/100m L		Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)4/06/2019
TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284			001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	01/01/2019			03/31/2019				

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No	
Dischause	ш

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION				LOADING QUALITY OR CONCENTRATION					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	12	mg/L		Quarterly	Grab	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab	
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	1.28	mg/L		Quarterly	Grab	
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab	
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	10.85	ug/L		Quarterly	Grab	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	4.8 MAXIMUM	ug/L		Quarterly	Grab	
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.01064	mg/L		Quarterly	Grab	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.21 MAXIMUM	mg/L		Quarterly	Grab	
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	69.42	ug/L		Quarterly	Grab	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab	
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.1495	mg/L		Quarterly	Grab	
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab	
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	440	mg/L		Quarterly	Grab	
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)3/22/2019
TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284			001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
[MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	04/01/2019			06/30/2019				

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.558	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	****	1.98	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	****	.00398	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	176.5	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.099972	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	280	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)7/15/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

MAR053284		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	NG PERIOD	
MM/DD/YYYY]	MM/DD/YYYY
07/01/2019	1	09/30/2019

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUANTITY OR LOADING			C	QUALITY OR CON	CENTRATION		NO.	•	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.261	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 5	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	< .005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	54.23	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.0718	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	310	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ify under penalty of law that this document and all attachments were prepared under my tion or supervision in accordance with a system designed to assure that qualified personnel refry gather and evaluate the information submitted. Based on my inquiry of the person or persons manage the system, or those persons directly responsible for gathering the information, the mation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am that there are significant penalties for submitting false information, including the possibility of und imprisonment for knowing violations.	Keri Beck	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	10/15/2019
TYPED OR PRINTED	une and imprisorment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

MAR053284		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	2RI	RING PERIOD
MM/DD/YYYY]	MM/DD/YYYY
10/01/2019		12/31/2019

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

		QUAN	ITITY OR LOADII	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	6.3	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.158	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= 5	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	<= .005	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	<= 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.06565	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	350	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	rection or supervision in accordance with a system designed to assure that qualified personnel	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003	12/19/2019
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

MAR053284 001-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2019 02/29/2020

DMR Mailing ZIP CODE:

02149

MINOR

Impaired Water **External Outfall**

No	
Dischange	

		QUAN	ITITY OR LOADII	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Odor [Threshold Number]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI A				
00085 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	threshold #		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Nitrogen, ammonia, tot unionized [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.346	mg/L		Annual	Grab
00612 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .005	mg/L		Annual	Grab
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .001	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.02206	mg/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .005	mg/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

	mation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of figure and involvements the receives validations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	12/19/2019	
TYPED OR PRINTED	une and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Γ	MAR053284			001-IW	
Γ	PERMIT NUMBER DISCHARGE NUMBE MONITORING PERIOD				
	MONIT	OF	RIN	G PERIOD	
	MM/DD/YYYY			MM/DD/YYYY	
	03/01/2019	7		02/29/2020	

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADII	٧G	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.261	mg/L		Annual	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .005	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.04995	mg/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.05423	mg/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.07108	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Foaming agents	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01288 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Oil petroleum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
31667 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	06-7003	12/19/2019
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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| 03/01/2019 | 02/29/2020 |

DMR Mailing ZIP CODE:

02149

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI A				
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	MPN/100m L		Annual	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Keri Beck	TELEP	DATE	
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Г	MAR053284			001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	01/01/2020			03/31/2020				

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG		DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8.7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.216	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	131.9	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	129.4	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.1734	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	580	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)4/08/2020	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

MAR053284	7 [001-N1							
PERMIT NUMBER] [DISCHARGE NUMBER							
MON	MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY							
04/01/2020		06/30/2020							

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	(DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.096	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= .01	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<= 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.118	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	320	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

l	MAR053284			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	IN	G PERIOD
MM/DD/YYYY				MM/DD/YYYY
			[09/30/2020

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG		DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.3	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.059	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .02	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 200	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	460	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	Keri Beck	TELEP	DATE	
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TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284			001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
[MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	10/01/2020	7		12/31/2020				

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADII	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	39	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	2.88	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	44.9	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	.09493	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	569.5	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	1.19	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	160	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penaity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEPI	TELEPHONE	
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Ì	TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Γ	MAR053284		001-IW			
Г	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	PRIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2020 02/28/2021					

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Dischange	

		QUAN	ITITY OR LOADI	٧G	(QUALITY OR CONCENTRATION			NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Odor [Threshold Number]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00085 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	threshold #		Annual	Grab
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
Nitrogen, ammonia, tot unionized [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.167	mg/L		Annual	Grab
00612 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .005	mg/L		Annual	Grab
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	****	*****	< .005	mg/L		Annual	Grab
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.012	mg/L		Annual	Grab
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.0449	mg/L		Annual	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	nation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am that there are significant penalties for submitting false information, including the possibility of di imprisonment for knowing violations.	HONE	DATE		
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PROLERIZED NEW ENGLAND COMPANY, LLC

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST

LOCATION: 69 ROVER STREET

EVERETT, MA 02149

Г	MAR053284		001-IW
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	02/28/2021

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Diachanna	ш

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	2.88	mg/L		Annual	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.09493	mg/L		Annual	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .025	mg/L		Annual	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.5696	mg/L		Annual	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.19	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Foaming agents	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
01288 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
Oil petroleum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI A				
31667 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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EVERETT, MA 02149

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	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	02/28/2021

DMR Mailing ZIP CODE: 02149

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	С	QUALITY OR CONCENTRAT			UALITY OR CONCENTRATION			NO.	`l a=	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE			
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A							
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110	MPN/100m L		Annual	Grab			
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100m L		Annual	Grab			

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	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	01/01/2021			03/31/2021					

DMR Mailing ZIP CODE: 02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	22	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	*****	1.33	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	8.85	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	.0105	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	76.51	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.4564	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	530	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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EVERETT, MA 02149

MAR053284	\prod	001-N1						
PERMIT NUMBER	$ egin{smallmatrix} igs & $	DISCHARGE NUMBER						
MON	MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY						
04/01/2021		06/30/2021						

DMR Mailing ZIP CODE:

02149

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	8.6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI A				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	5.9	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	4.8 MAXIMUM	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.0092	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.21 MAXIMUM	mg/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	159	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	90 MAXIMUM	ug/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.2447	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	180	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)9/08/2021	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The concentration of chemical oxygen demand (COD) exceeds the benchmark concentration, however, additional research has determined that the exceedance of COD is due to an elevated level of chlorides in the stormwater which interfere with the analytical method. The chlorides are believed to be present due to periodic infiltration of the Mystic River into stormwater conveyance systems during high tide.